

## I. Final text (11.35)

### Start writing after the horizontal line:

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**From:**Dr. Merinstein  
**To:** Dr. Lisa Cuddy  
**Subject:** Patient file: Jessica Musterwoman

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Dear Dr. Cuddy,

I hope this email finds you well.

Further to our prior conversation, you will find in this email the information needed for the further treatment of Jessica.

#### **Presentation and Symptoms:**

Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaints were frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was cardiac arrhythmia.

The patient has been following a strict diet and trying to lose weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions.

The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives. She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.

The patient has recently pierced her tongue.

The patient denied the abuse of drugs or cigarettes.

### Diagnosis:

The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone density test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. The arrhythmia could also be due to hypokalemia which will be cleared when the **test results come out**. The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness due to the toxic effects of self-induced vomiting.

### Suggested treatment:

- due to her misbehavioral eating pattern, a **consultation with a dietitian** is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.
- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a **consultation with a psychiatrist** is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.
- **Full Body Check-Up**
  - **weight, BMI**
  - **CV check-up (e.g cardio electropherogram)**
  - **Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (Thyroid Peroxidase Antibodies), Serum electrolytes, Bicarbonate-level, Calcium, Potassium etc.**
  - **bone scan**

It has to be ruled out that her weight loss and oligomenorrhea have ENCR roots.

- recommended vitamin supplement therapy: **Vitamin D**

Should you have any questions or concerns, please do not hesitate to contact me.

Best regards,

Dr. Merinstein

## II. Collaborative process

Time	Chat	Text	Comments
10.52	<p>Sandra Sole joined group chat.                      Marina Mahwi joined group chat.</p> <hr/> <p>Marina Mahwi                      10:52 AM                      hey                      so how are we going to do this                      leuteee                      haaaalooo</p> <hr/> <p>Henriette Gabel                      10:52 AM                      okay                      so                      paragraph abput patient                      about symptoms                      and about diagnosis_</p> <hr/> <p>Marina Mahwi                      10:52 AM                      i suggest we start with the basic</p>	<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:</b> Dr. Merinstein  <b>To:</b> Dr. Lisa Cuddy  <b>Subject:</b> Patient file: Jessica ....</p> <p>--</p>	

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WM WM	<p>infos</p> <hr/> <p>Henriette Gabel 10:52 AM so each gets one?</p> <hr/> <p>Marina Mahwi 10:52 AM then the symptoms</p> <hr/>		
WM ⓔ WM WM	<p>10.53</p> <p>Henriette Gabel 10:53 AM yes? :)</p> <hr/> <p>Marina Mahwi 10:53 AM yes</p> <hr/> <p>Henriette Gabel 10:53 AM should i do the first paragraph then? or does an one else want to do it _</p> <hr/>		

WM

	Sandra Sole 10:53 AM potential diagnosis and then suggest treatment <hr/>		
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WM

10.54	Marina Mahwi 10:54 AM i can do syptoms <hr/>	<b>Start writing after the horizontal line:</b> <hr/>	
	Sandra Sole 10:54 AM i thnk the symptoms and Jessica's personal info go in one paragraph who is going to write what? <hr/>	<b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> -- <b>Dear Dr. Cuddy,</b>  ...	

WM

10.54		<b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> -- <b>Dear Dr. Cuddy,</b>	
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		<p>Ms. Jessica was presented to my office</p> <p>...</p>	
10.54		<p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b></p> <p>--</p> <p>Dear Dr. Cuddy,</p> <p><del>Ms. Jessica was presented to my office</del></p> <p>...</p>	
10.55	Henriette Gabel 10:55 AM		

WM ④	<p>LRIGHT SO:: upss i'll just do that then but i can also dio treatment *do</p> <hr/>		
WM C	<p>Sandra Sole 10:55 AM what's wrong? i think her potential diagnosis is bulimia</p> <hr/>		
C	<p>Henriette Gabel 10:55 AM yeah</p> <hr/>		
C	<p>Marina Mahwi 10:55 AM or anorexia nervosa</p> <hr/>		
C	<p>Sandra Sole 10:55 AM she hasn't had her period for 2 months</p> <hr/>		

<p>WM</p> <p>WM</p> <p>WM</p> <p>WM</p> <p>WM/</p> <p>€</p>	<p>10.56                  Henriette Gabel                  10:56 AM                  so marina= presentation and symptoms                  sandra: diagnosis</p> <hr/> <p>Marina Mahwi                  10:56 AM                  ok ill do the presentation and syptoms</p> <hr/> <p>Henriette Gabel                  10:56 AM                  and i do treatment?</p> <hr/> <p>Marina Mahwi                  10:56 AM                  yup</p> <hr/> <p>Henriette Gabel                  10:56 AM                  :)</p> <hr/>	<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:Dr. Merinstein</b>  <b>To: Dr. Lisa Cuddy</b>  <b>Subject: Patient file: Jessica ....</b></p> <p>--</p> <p><b>Dear Dr. Cuddy,</b></p> <p>...</p>	
	<p>10.57                  Sandra Sole                  10:57 AM</p>	<p><b>Start writing after the horizontal</b></p>	

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	<p>problem symptoms go with diagnosis... so will I just write I suspect bulimia?</p> <hr/> <p>Marina Mahwi 10:57 AM it might be anorexia</p> <hr/> <p>Sandra Sole 10:57 AM we have to consider her weight in order to judge her bmi actually if she's underweight then we might consider anorexia</p> <hr/>	<p><b>line:</b></p> <hr/> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> --</p> <p><b>Dear Dr. Cuddy,</b> <b>dy,</b></p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment.</p>	
10.57		<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> --</p>	

		<p><b>Dear Dr. Cuddy,</b></p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment.</p>	
10.58	<p>Henriette Gabel 10:58 AM she lookedlike she had normal weight, right? i think bulimia with not only purging but excessice exercise?</p> <hr/> <p>Sandra Sole 10:58 AM and if she continues not having a period for a continuous 3 months then anorexia might be present</p> <hr/> <p>Henriette Gabel 10:58 AM she just had everything... :P</p> <hr/>		

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10.59		<p>...</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment.                  Considering the</p>	
10.59		<p>...</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment.                  I would suggest Considering the</p>	
11.00	<p>Marina Mahwi                  11:00 AM                  she has anorexia                  she is not over weight                  and has lost a alot of weight                  and does a lot of exercise</p> <hr/>	<p>...</p> <p>The presented symptoms suggest Bulimia nervosa. We will check her body mass index to</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment: -                  - consult would suggest</p>	

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11.00		<p>... nstein To: Dr. Lisa Cuddy Subject: Patient file: Jessica .... --</p> <p>Dear Dr. Cuddy,</p> <p>According to our arrangement toda</p> <p>The presented symptoms suggest Bulimia nervosa. We will check her body mass index to rule out the potential of Anorexia nervosa.</p> <p>According to the presented symptoms and differential</p>	
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		diagnosis, I would suggest following treatment: - due to her misbehavioral eating pattern, a consultation with a dietitian	
11.01		<p>*** <b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> --</p> <p><b>Dear Dr. Cuddy,</b></p> <p><del>According to our arrangement toda</del></p> <p>The presented symptoms suggest Bulimia nervosa. We will check her body mass index to rule out the potential of Anorexia nervosa.</p>	

		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment: - due to her misbehavioral eating pattern, a consultation with a dietitian is recommended. Getting her parents involved, might be a good idea, as di</p>	
11.02		<p>...</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment: - due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved, might be a good idea, as her father plays an important role in her exercise schedule and educating him as</p>	
11.03		<p>...</p> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b> --</p> <p><b>Dear Dr. Cuddy,</b></p> <p><b>Further to our prior conversation, you will find in this</b></p>	

		<p><b>email the patient information</b></p> <p>The presented symptoms suggest Bulimia nervosa. We will check her body mass index to rule out the potential of Anorexia nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him <b>would be beneficial for the patients' recovery</b></li><li>- the Bulimia nervosa and Anopre</li></ul>	
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11.03		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p><b>Further to our prior conversation, you will find in this email the <del>patient</del> information needed for futher treatment of Je</b></p> <p>The presented symptoms <b>and her oligomenorrhea</b> suggest Bulimia nervosa. We will check her body mass index to rule out the potential of Anorexia nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p>	

		<p>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</p> <p>- <del>the</del> Bulimia nervosa and <del>Anore</del> <b>Anorexia nervosa are a result of psychological distress</b></p>	
11.05		<p>...</p> <p><b>From: Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b></p> <p>--</p> <p>Dear Dr. Cuddy,</p> <p><b>I hope this email finds you well.</b></p> <p><b>Further to our prior conversation, you will find in this email the information needed for <del>further</del><b>futher</b> treatment of Jessica.</b></p> <p><b>Jessica is a 15 year old girl</b></p>	

		<p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to rule out the potential of Anorexia nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</li><li>- tBulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a consultation with a psychiatrist is recommende</li></ul>	
11.05		<p>...</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p>	

		<p>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</p> <p>- <del>t</del>Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended</p> <p>- Total Body Check-Uop with full</p>	
11.06		<p>...</p> <p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index <b>and do a bone test</b> to rule out the potential of Anorexia nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <p>- due to her misbehavioral eating pattern, a <b>consultation</b></p>	

		<p><b>with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</p> <p>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended</p> <p>- <del>Full</del> Total Body Check-Up (especially weight, BMI, cardio with <del>full</del> extensive blood screen -full</p>	
11.07		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p><b>I hope this email finds you well.</b></p> <p><b>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</b></p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. She had</b></p>	

		<p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index <b>to discard the possibility of her being underweight by <del>and do a bone test to rule out the potential of Anorexia nervosa.</del></b></p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended</li><li>- Full Body Check-Up (especially weight, BMI, <b>cardio electropherogram</b>)<del>cardie</del> <b>andwith</b> extensive blood screen</li></ul>	
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11.08		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p><b>I hope this email finds you well.</b></p> <p><b>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</b></p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. She had</b></p> <p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being <b>more than 15</b> <del>underweight</del> <b>by</b></p> <p>...</p>	
11.09		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p>	

		<p><b>I hope this email finds you well.</b></p> <p><b>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</b></p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. Her presenting complaint was pain in her right knee for the past two months. She had</b></p> <p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected bmi. We will also 45</p>	
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		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended</li><li>- <b>Full Body Check-Up (especially weight, BMI, cardio electropherogram) and extensive blood screen. It has to be ruled out that her weight loss and oligomenorrhea have endo</b></li></ul>	
11.09		<p>...</p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. Her presenting complaint was frequent pain in her right knee for the past two months.</b></p>	

		<p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected bmi. We will also <b>do a bone test to rule out orthostatic hypertension</b></p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended</li><li>- <b>Full Body Check-Up (especially weight, BMI, cardio electropherogram) and extensive blood screen.</b> It has to</li></ul>	
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		be ruled out that her weight loss and oligomenorrhea have endocrine roots.	
11.10		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p><b>I hope this email finds you well.</b></p> <p><b>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</b></p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. Her presenting complaint was frequent nausea and - pain in her right knee for the past two months.</b></p>	

		<p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected bmi. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and <del>orthostatic hypertension</del></p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up (especially weight, BMI, cardio</b></li></ul>	
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		<b>electropherogram) and extensive blood screen.</b> It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.	
11.11		<p>...</p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. Her presenting complaint was frequent nausea and <b>syncope</b>. She also <b>complained about</b> pain in her right knee for the past two months.</b></p> <p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected bmi. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and</p>	

		<p>eventually rule out potential Anorexia Nervosa.</p> <p>...</p>	
11.11		<p>...</p> <p><b>Jessica is a 15 year old girl, who was presented to my office on the 15th of July. Her presenting complaint was frequent nausea, dizziness and syncope. She also complained about pain in her right knee for the past two months.</b></p> <p>The presented symptoms and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her</p>	

		<p>expected <b>BMI</b>. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p> <p>...</p>	
11.13		<p>...</p> <p><b>Jessica is a 15 year old female-girl, who-was presented to my office on the 15th of July,. Her presenting complaint was frequent nausea, dizziness and syncope. She also complained about pain in her right knee for the past two months. Another presenting symptom was arrythmia.</b></p> <p>The presented symptoms: <b>over exercising, cardiac</b></p>	

		<p>arrythmia, and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p> <p>...</p>	
11.13		<p>...</p> <p><b>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. She also complained about pain in her right knee for the past two months. Another presenting symptom was arrythmia.</b></p> <p>...</p>	
11.14		<p>...</p> <p><b>Jessica is a 15 year old female, who</b></p>	

		<p>presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. She also complained about pain in her right knee for the past two months. Another presenting symptom was arrythmia.</p> <p>The patient has been following a strict diet.</p> <p>...</p>	
11.15	<p>Sandra Sole 11:15 AM guys, I thnk when the doctor took a look at her teeth he found some colour change/ caries probably resulting from the acid should I include that or are the findings part of Marina's text?</p> <hr/> <p>Henriette Gabel 11:15 AM symptoms i think Henriette Gabel left group chat. Henriette Gabel joined group</p>	<p>...</p> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b></p> <p>--</p> <p><b>Dear Dr. Cuddy,</b></p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was</p>	

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	<p>chat.</p> <hr/>	<p>frequent nausea, dizziness and syncope. <del>The</del>She also complained about pain in her right knee for the past two months. Another presenting symptom was arrhythmia.</p> <p>The patient has been following a strict diet. <del>The</del> patient</p> <p>The presented symptoms: over exercising, cardiac arrhythmia, and her oligomenorrhea suggest Bulimia nervosa. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p>	
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		<p>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery</p> <p>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and excelling in school and at sports) a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</p> <p>- <b>Full Body Check-Up</b>          - weight, BMI          - CV check-up (e.g cardio electropherogram)  <del>(especially weight, BMI, cardio electropherogram) and extensive blood screen.</del> It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p>	
11.16		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was</p>	

		<p>frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was arrhythmia.</p> <p>The patient has been following a strict diet. She has has a weight loss of 10 to 15 poThe patient</p> <p>The presented symptoms: over exercising, cardiac arrhythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of cariesWe will check her body mass index to discard the possibility of her being more than 15% below her expected —BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p> <p>...</p>	
11.17	<p>Sandra Sole                  11:17 AM                  oh and guys did we already do all the possible tests or are we still considering what tests to be done?\</p>	<p>...</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two</p>	



	<hr/>	<p>months. Another presenting symptom was arrythmia.</p> <p>The patient has been following a strict diet.- She has has a weight loss of 10 to 15 pounds. She also mentioned</p> <p>The presented symptoms: over exercising, cardiac arrythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of cariesWe will check her body mass index to discard the possibilty of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p>	
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		<p>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</p> <p>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excelling in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</p> <p>...</p>	
<p>11.18</p>	<p>Henriette Gabel                  11:18 AM                  doing it Ö P                  * :P</p> <hr/>	<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was arrythmia.</p> <p>The patient has been following a strict diet. She has has a</p>	

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		<p>weight loss of 10 to 15 pounds. She also mentioned <b>forcefully throwing up</b></p> <p>...</p> <p>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</p> <p>- <b>Full Body Check-Up</b></p> <ul style="list-style-type: none"> <li>- weight, BMI</li> <li>- CV check-up (e.g cardio electropherogram)</li> <li>- <b>Blood tests: CBC,</b></li> </ul> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p>	
11.19		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two</p>	

		<p>months. Another presenting symptom was arrhythmia.</p> <p>The patient has been following a strict diet. She has has a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions.</p> <p>The patient has been exercising excessively as training for y throwing up</p> <p>The presented symptoms such as: over exercising, cardiac arrhythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p>	
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		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"> <li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li> <li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li> <li>- <b>Full Body Check-Up</b> <ul style="list-style-type: none"> <li>- weight, BMI</li> <li>- CV check-up (e.g cardio electropherogram)</li> <li>- Blood tests: CBC (<i>Complete Blood Count</i>), CMP(,</li> </ul> </li> </ul> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p>	
11.20	<p>Sandra Sole                  11:20 AM                  Guys do you thnk maybe because of her knee pain she might have anorexia rather than bulimia</p>		

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11.21	<p>Henriette Gabel 11:21 AM its an email...we just put in a differential diagnosis but further test have to be waited out</p> <hr/>	<p>...</p> <p>The patient has been following a strict diet. She has has a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country.</p> <p><b>She is sexually active and has a boyfriend. She has had irregular menstruation. The patient has amenorrhea</b></p> <p>The presented symptoms such as over exercising, cardiac arrythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibilty of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa.</p>	

		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- weight, BMI</li><li>- CV check-up (e.g cardio electropherogram)</li><li>- Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (Thyroid Peroxidase Antibodies)</li></ul></li></ul>	
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		<p>↵</p> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p>	
<p>CS CS CS</p>	<p>11.22 Sandra Sole 11:22 AM alrighty then it's probably due to her calcium levels they are probably down Henriette would you include vitamin d in your suggested therapy?</p> <hr/> <p>Henriette Gabel 11:22 AM sure</p> <hr/>	<p>...</p> <p>The patient has been following a strict diet. She has has a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country.</p> <p>She is sexually active and has a boyfriend. She has had irregular menstruation. The patient has had amenorrhea for the past 3 months. -amenorrhea</p> <p>...</p> <p><b>- Full Body Check-Up</b> - weight, BMI - CV check-up (e.g cardio electropherogram) - Blood tests: CBC (Complete Blood Count), CMP</p>	

		<p><b>(Comprehensive Metabolic Panel), TPO (Thyroid Peroxidase Antibodies), Serum electrolytes, Bicarbonate-level etc.</b></p> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p>	
11.24		<p>...</p> <p>The patient has been following a strict diet. She has a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country.</p> <p><b>She is sexually active and has a boyfriend. She has had irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</b></p> <p>The patient has recently pierced her tongue.</p>	

		<p>...</p> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p> <p>- recommended Vitamin D therapy</p>	
11.24		<p>...</p> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p> <p>- recommended Vitamin D therapy, as a</p>	
11.24		<p>...</p> <p>The presented symptoms such as over exercising, cardiac arrhythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to</p>	

		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- weight, BMI</li><li>- CV check-up (e.g cardio electropherogram)</li><li>- Blood tests: <b>CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (Thyroid Peroxidase Antibodies), Serum electrolytes, Bicarbonate-level etc.</b></li></ul></li></ul> <p>It has to be ruled out that her weight loss and</p>	
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		<p>oligomenorrhea have endocrine roots.</p> <p>- recommended <b>Vitamin D</b> therapy, as a <a href="#">vitamin supplement</a></p>	
11.24		<p>...</p> <p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p> <p>- recommended <b>Vitamin D</b> therapy, as a vitamin supplement</p> <p><a href="#">Should you have any questions or concerns</a></p>	
11.25		<p>...</p> <p><b>Dear Dr. Cuddy,</b></p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was arrhythmia.</p> <p>The patient has been following a strict diet <a href="#">and trying to lose weight</a>. She has had a weight loss of 10 to 15 pounds. She</p>	

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		<p>also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country.</p> <p>...</p> <p>- recommended <b>Vitamin D</b> therapy, as a vitamin supplement</p> <p>Should you have any questions or concerns, please do not hesitate to contact me.                  I wish you all</p>	
11.26	<p>Henriette Gabel                  11:26 AM                  we might have too many words already :P</p> <p>_____</p>		
11.27		<p>...</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaint was frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was arrythmia.</p> <p>The patient has been following a strict diet and trying to lose weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or</p>	



		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- weight, BMI</li><li>- CV check-up (e.g cardio electropherogram)</li><li>- Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (<i>Thyroid Peroxidase Antibodies</i>), Serum electrolytes, Bicarbonate-level etc.</li></ul></li></ul>	
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		<p>It has to be ruled out that her weight loss and oligomenorrhea have endocrine roots.</p> <p>- recommended <b>Vitamin D</b> therapy, as a vitamin supplement</p> <p>Should you have any questions or concerns, please do not hesitate to contact me. I wish you all <b>the best and until our next meeting we remain</b></p> <p><b>Yours faithfully,</b></p> <p><b>Dr. Merinstein</b></p>	
11.28		<p>...</p> <p>The patient has been following a strict diet and trying to lose weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives.</p> <p>She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</p> <p>The patient has recently pierced her tongue. <b>The patient denied the abuse of drugs or cigarettes.</b></p>	

		<p>The presented symptoms such as over exercising, cardiac arrythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibilty of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly aquired knee pain.</p> <p>...</p>	
11.29		<p>...</p> <p>Dear Dr. Cuddy,</p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaints wereas frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was cardiac</p>	

		<p><del>arrhythmia</del>arrhythmia.</p> <p>The patient has been following a strict diet and trying to lose weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives.</p> <p>She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</p> <p>The patient has recently pierced her tongue. The patient denied the abuse of drugs or cigarettes.</p> <p>The presented symptoms such as over exercising, cardiac <del>arrhythmia</del>arrhythmia, and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the <del>possibility</del>possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and <del>especially</del>especially her calcium levels. We suspect a decrease in her calcium levels is</p>	
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		<p>causing her newly <del>acquired</del> knee pain. Her arrhythmia and pain</p> <p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- weight, BMI</li><li>- CV check-up (e.g cardio electropherogram)</li><li>- Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (<i>Thyroid Peroxidase Antibodies</i>), Serum electrolytes, Bicarbonate-level etc.</li></ul></li></ul> <p>It has to be ruled out that her weight loss and</p>	
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		<p>oligomenorrhea have ENCR roots. <del>endocrine roots.</del></p> <p>- recommended vitamin supplement therapy: <b>Vitamin D</b> <del>Recommended Vitamin D therapy, as a vitamin supplement</del></p> <p>Should you have any questions or concerns, please do not hesitate to contact me. I wish you all the best and until our next meeting we remain</p> <p>Yours faithfully,</p> <p>Dr. Merinstein</p>	
11.31		<p>...</p> <p>Dear Dr. Cuddy,</p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for the further treatment of Jessica.</p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaints were frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was cardiac arrhythmia.</p> <p>The patient has been following a strict diet and trying to lose</p>	

		<p>weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives.</p> <p>She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</p> <p>The patient has recently pierced her tongue. The patient denied the abuse of drugs or cigarettes.</p> <p>The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. <b>The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness the toxic effects of self-induced vomiting. Her arrhythmia and pain</b></p>	
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		<p>According to the presented symptoms and differential diagnosis, I would suggest following treatment:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- weight, BMI</li><li>- CV check-up (e.g cardio electropherogram)</li><li>- Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (<i>Thyroid Peroxidase Antibodies</i>), Serum electrolytes, Bicarbonate-level etc.</li><li>- bone scan</li></ul></li></ul> <p>It has to be ruled out that her weight loss and oligomenorrhea have ENCR roots.</p>	
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		<p>- recommended vitamin supplement therapy: <b>Vitamin D</b></p> <p>Should you have any questions or concerns, please do not hesitate to contact me. I wish you all the best and until our next meeting we remain</p> <p>Yours faithfully,</p> <p>Dr. Merinstein</p>	
11.32		<p>...</p> <p>Dear Dr. Cuddy,</p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for the further treatment of Jessica.</p> <p><b>Presentation and Symptoms:</b></p> <p>Jessica is a 15 year old female, who presented to my office on the 15th of July, 2014. Her presenting complaints were frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was cardiac arrhythmia.</p> <p>The patient has been following a strict diet and trying to lose</p>	

		<p>weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives.</p> <p>She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</p> <p>The patient has recently pierced her tongue. The patient denied the abuse of drugs or cigarettes.</p> <p><b>Diagnosis:</b></p> <p>The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone density test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness due to the toxic effects of self-induced vomiting.</p>	
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		<p>According to the presented symptoms and differential diagnosis, I would suggest following <b>treatment</b>:</p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li><li>- <b>Full Body Check-Up</b><ul style="list-style-type: none"><li>- <b>weight, BMI</b></li><li>- <b>CV check-up (e.g cardio electropherogram)</b></li><li>- <b>Blood tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), TPO (Thyroid Peroxidase Antibodies), Serum electrolytes, Bicarbonate-level etc.</b></li><li>- <b>bone scan</b></li></ul></li></ul> <p>It has to be ruled out that her weight loss and oligomenorrhea have ENCR roots.</p>	
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		<p>- recommended vitamin supplement therapy: <b>Vitamin D</b></p> <p>Should you have any questions or concerns, please do not hesitate to contact me. I wish you all the best and until our next meeting we remain with</p> <p>Best regards Yours faithfully,</p> <p>Dr. Merinstein</p>	
11.33	<p>Sandra Sole 11:33 AM Marina i wrote in my part of the text that i found traces of caries in her mouth which could be a result to gastric acid</p> <hr/>	<p>...</p> <p><b>Diagnosis:</b></p> <p>The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone density test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness due to the toxic effects of self-induced</p>	

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		<p>vomiting.</p> <p><del>Suggested treatment:According to the presented symptoms and differential diagnosis, I would suggest following treatment:</del></p> <p>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</p> <p>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</p> <p>...</p>	
11.33		<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica ....</b></p> <p>--</p>	

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		Dear Dr. Cuddy,  ...	
11.34	<p>Henriette Gabel 11:34 AM we have wayyyy too many words guys what was her last name_</p> <hr/> <p>Marina Mahwi 11:34 AM idk i think its okay lets make up a last name</p> <hr/> <p>Henriette Gabel 11:34 AM :P perfect !</p>	<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:</b>Dr. Merinstein  <b>To:</b> Dr. Lisa Cuddy  <b>Subject:</b> Patient file: Jessica Musterwoman</p> <p>...</p>	
11.35		<p>...</p> <p><b>Diagnosis:</b></p> <p>The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia</p>	

		<p>nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone density test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia Nervosa. We will also make sure to do a complete blood picture to check her potassium levels and especially her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. <b>The arrhythmia could also be due to hyp</b>The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness due to the toxic effects of self-induced vomiting.</p> <p><b>Suggested treatment:</b></p> <ul style="list-style-type: none"><li>- due to her misbehavioral eating pattern, a <b>consultation with a dietitian</b> is recommended. Getting her parents involved might be a good idea, as her father plays an important role in her exercise schedule and educating him would be beneficial for the patients' recovery.</li><li>- Bulimia nervosa and Anorexia nervosa are a result of psychological distress (in Jessica's case: peer pressure, need for her dad's approval and need to excel in school and at sports) and a <b>consultation with a psychiatrist</b> is recommended. Any physical and/or psychological abuse by her parents/boyfriend should be ruled out.</li></ul> <p><b>- Full Body Check-Up</b></p>	
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		<ul style="list-style-type: none"><li>- <b>weight, BMI</b></li><li>- <b>CV check-up (e.g cardio electropherogram)</b></li><li>- <b>Blood tests: CBC</b> (<i>Complete Blood Count</i>), <b>CMP</b> (<i>Comprehensive Metabolic Panel</i>), <b>TPO</b> (<i>Thyroid Peroxidase Antibodies</i>), <b>Serum electrolytes, Bicarbonate-level, Calcium, Potassium etc.</b></li><li>- <b>bone scan</b></li></ul> <p>It has to be ruled out that her weight loss and oligomenorrhea have ENCR roots.</p> <p>- recommended vitamin supplement therapy: <b>Vitamin D</b></p> <p>Should you have any questions or concerns, please do not hesitate to contact me. I wish you all the best and until our next meeting we remain with</p> <p>Best regards,</p> <p>Dr. Merinstein</p>	
11.35		<p>...</p> <p>her calcium levels. We suspect a decrease in her calcium levels is causing her newly acquired knee pain. The arrhythmia could also be due to hypokalemia which will be cleared when the The arrhythmia and the knee pain could also be signs of cardiomyopathy and muscle weakness due to the toxic effects of self-induced vomiting.</p>	

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11.35		<p><b>Start writing after the horizontal line:</b></p> <hr/> <p><b>From:Dr. Merinstein</b> <b>To: Dr. Lisa Cuddy</b> <b>Subject: Patient file: Jessica Musterwoman</b> --</p> <p>Dear Dr. Cuddy,</p> <p>I hope this email finds you well.</p> <p>Further to our prior conversation, you will find in this email the information needed for the further treatment of Jessica.</p> <p><b>Presentation and Symptoms:</b></p> <p>Jessica is a 15 year old female, who presented to my office</p>	

		<p>on the 15th of July, 2014. Her presenting complaints were frequent nausea, dizziness and syncope. The patient also complained about pain in her right knee for the past two months. Another presenting symptom was cardiac arrhythmia.</p> <p>The patient has been following a strict diet and trying to lose weight. She has had a weight loss of 10 to 15 pounds. She also mentioned forcefully vomiting after eating big portions. The patient has been exercising excessively as training for cross country. The patient denied the abuse of diet pills or laxatives.</p> <p>She is sexually active and has a boyfriend. She has irregular menstruation. The patient has had amenorrhea for the past 3 months. The patient has not visited a gynecologist and is not taking any type of contraceptives.</p> <p>The patient has recently pierced her tongue. The patient denied the abuse of drugs or cigarettes.</p> <p><b>Diagnosis:</b></p> <p>The presented symptoms such as over exercising, cardiac arrhythmia and her oligomenorrhea suggest Bulimia nervosa. When I examined her mouth I found traces of caries which I assume are due to gastric acid. We will check her body mass index to discard the possibility of her being more than 15% below her expected BMI. We will also do a bone density test to rule out possible findings of osteopenia and osteoporosis and eventually rule out potential Anorexia</p>	
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		<p><b>Bicarbonate-level, Calcium, Potassium etc. - bone scan</b></p> <p>It has to be ruled out that her weight loss and oligomenorrhea have ENCR roots.</p> <p>- recommended vitamin supplement therapy: <b>Vitamin D</b></p> <p>Should you have any questions or concerns, please do not hesitate to contact me.</p> <p>Best regards,</p> <p>Dr. Merinstein</p>	
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